

AGENDA ITEM SUMMARY

Department: Fire Rescue

AGENDA ITEM # 64

Clark Martin
Fire Rescue

RESOLUTION NO. -2003

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA, AUTHORIZING CHAIRMAN TO EXECUTE AN EMS COUNTY GRANT APPLICATION AND RELATED REQUEST FOR GRANT DISTRIBUTION TO THE STATE OF FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MONROE COUNTY, FLORIDA, as follows:

1. The Chairman is hereby authorized to execute an EMS County Grant Application and related Request for Grant Distribution to the State of Florida Department of Health, Bureau of Emergency Medical Services, and copies of same being attached hereto.
2. The monies from the EMS County Grant will improve and expand the County's pre-hospital EMS system to include the area municipal fire rescue systems.
3. The grant monies will not be used to supplant existing County EMS budget allocations.

PASSED AND ADOPTED by the Board of County Commissioners of Monroe County, Florida, at a regular meeting of said Board held on the _____ day of _____, 2003.

Mayor Nelson _____
Mayor Pro Tem Rice _____
Commissioner Spehar _____
Commissioner Neugent _____
Commissioner McCoy _____

BOARD OF COUNTY COMMISSIONERS
OF MONROE COUNTY FLORIDA

By: _____
Mayor/Chairman

(SEAL)
Attest: DANNY L. KOLHAGE, Clerk

By: _____
Deputy Clerk

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:


Robert A. Wolfe
ROBERT A. WOLFE
CHIEF ASSISTANT COUNTY ATTORNEY
Date 11-25-03

EMS COUNTY GRANT APPLICATION**FLORIDA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services**

Complete all items

ID Code (The State Bureau of EMS will assign the ID Code - leave this blank) C	
1. County Name: Monroe County (Monroe County Board of County Commissioner)	
Business Address: 490 63rd Street, Suite 160	
Marathon, FL 33050	
Telephone:	
Federal Tax ID Number (Nine Digit Number): VF5 9 6 0 0 0 7 4 9	
2. Certification: (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.	
Signature:	Date:
Printed Name: Murray E. Nelson	
Position Title: Mayor	
3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: Clark O. Martin, Jr.	
Position Title: Fire Chief	
Address: 490 63rd Street, Suite 160	
Marathon, FL 33050	
Telephone: (305) 289-6004	Fax Number: (305) 289-6336
E-mail Address: martin-clark@monroecounty-fl.gov	
4. Resolution: Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.	
5. Budget: Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)	
Key Largo Volunteer Ambulance Corps. (KLVA)	
Ocean Reef Public Safety (ORPS)	

DH Form 1684, Rev. June 2002

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:

 ROBERT A. WOLFE
 CHIEF ASSISTANT COUNTY ATTORNEY
 Date: 11-25-03

BUDGET PAGE 1 OF 2 (KLVAC)

A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Training which would include salary reimbursement for employees	12,600.00
TOTAL	\$ 12,600.00

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the Item and, if applicable, the quantity	Amount
Pen-based PMS field data collection and reporting system	79,433.26
TOTAL \$	79,433.26
Grand Total \$	92,033.26

DH Form 1684, Rev. June 2002

BUDGET PAGE 2 OF 2 (ORPS)

A. Salaries and Benefits:

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

B. Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
Training which would include salary reimbursement for employees	8,400.00
TOTAL	\$ 8,400.00

C. Vehicles, equipment, and other operating capital outlay means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Pen-based EMS data collection and reporting system	52,955.50
TOTAL	\$ 52,955.50
Grand Total	\$ 61,355.50

**

DH Form 1684, Rev. June 2002

** \$92,033.26 + 61,355.50 = \$153,388.76; broke down as follows: Includes roll-over funds of \$63,007.63 with accrued interest of \$2,580.41 through September 30, 2003, in the amount of \$65,588.04, and FY 2004 share of \$87,800.72 - TOTAL: \$153,388.76.

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

DOH Remit Payment To:Name of Agency: Board of County Commissioners, Monroe County, FLMailing Address: 490 63rd StreetMarathon, FL 33050Federal Identification number 59-6000-749

Authorized Official: _____

Signature

Date

Murray E. Nelson, Mayor

Type Name and Title

Sign and return this page with your application to:

Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____

Grant ID: Code: _____

Approved By : _____

Signature of EMS Grant Officer

Date

State Fiscal Year: _____

Organization Code

64-25-60-00-000

E.O.

N_

OCA

N2000

Object Code

7_

Federal Tax ID:

VF_

Grant Beginning Date: October 1, _____ Grant Ending Date: September 30, _____

DH Form 1767P, Rev. June 2002

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:


ROBERT N. WOLFE

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CHIEF ASSISTANT COUNTY ATTORNEY

Date

11-25-03